

the tubal mucosa paves the way for the change to malignancy. The occurrence of the disease in the middle and external portions of the tube indicates that it is a sequel to inflammatory trouble. Macroscopically it is difficult to distinguish between exuberant inflammatory product and newgrowth, and the aid of the microscope is necessary in deciding this point. The disease is generally unilateral and commonly limited in area. The clinical picture is usually that of a woman, aged about forty-five years, who has suffered from long-standing pelvic inflammatory troubles, and with some recent pelvic pain, with vaginal discharges, often profuse, sanious or watery, and some abdominal swelling. The pelvic tumor present rarely reaches above the pubes, and ascites is not always present. Recurrence and metastases are said to be rapid and fatal, yet Boxall recorded a case of carcinoma of the tube, secondary to carcinoma in the ovary, in which there was no recurrence five years later.

Late Recurrence of Mixed Ovarian Cysts in Spite of Extirpation.—VINCENT (*Ann. de gyn. et d'obst.*, 1908, v, 478) reports three cases in which he had extirpated ovarian tumors of a mixed character, that is, solid and cystic, and had been surprised to note that the return of the growths, malignant in nature, was delayed from two to nine years. Vincent suggests that the exposure of the involved tissues to air has an effect nearly as salutary as to peritoneal tuberculosis.

Gynecological Massage in the Treatment of Plastic Infiltrations and of Pelvic Exudates.—BOURCART (*Ann. d. gyn. et d'obst.*, 1908, v, 449) has used massage twenty years in his gynecological work, and concludes that massage belongs to the medical treatment and will give excellent results, especially if used reasonably and prudently and with a good technique. It should not be employed exclusively. He warns against its use in the active stages of pelvic infections, and suggests that bimanual massage be not employed in inflammatory condition of the appendages.

Infection of Operative Wounds by Malignant Disease.—I. S. STONE (*Jour. Amer. Med. Assoc.*, 1908, li, 1748) reports a case in which carcinoma or sarcoma very rapidly manifested itself in the sides of the abdominal wound a few weeks after a section had been made for cancer or sarcoma of the pelvic structures, following vaginal hysterectomy by two years. He recommends careful protection of the operation field against malignant infection.

The Principles upon which the Success of Surgical Treatment of Retro-displacements of the Uterus Depends.—R. C. COFFEY (*Surg., Gyn., and Obst.*, 1908, vii, 383) recommends an operation consisting of plications of the round ligaments and adjacent parts of the broad ligaments on to the anterior surface of the body of the uterus for the relief of retrodisplacements of that organ, and bases it upon the following principles: (1) The general scheme of nature is to hang all abdominal organs by peritoneal ligaments; (2) these ligaments are strong enough to hold several times the weight of the organs they are intended to support and notwithstanding the fact that the normal resiliency of the various organs probably aids materially the peritoneal ligaments to determine the position of the organs; (3) the peritoneum is loosely attached to

the abdominal walls, being firmly fixed only at the diaphragm, thus permitting displacements of viscera in degrees varying according to the distance from the diaphragm; (4) the peritoneum is ideally adapted for making new ligaments, inasmuch as when two peritoneal surfaces are brought together and held firmly in an aseptic state they adhere, blend, and obliterate, and the contiguous surfaces lose their endothelial covering and become continuous at the point of peritoneal union; (5) that muscle fibers are found only where intermittent motion is needed; (6) the uterus is partly abdominal and partly extraperitoneal, its abdominal ligaments (broad) being attached near its middle, thus giving it a pivotal hanging with the heavy end above the pivot; (7) muscular ligaments act independently of the peritoneum and cannot be made to adhere permanently to its connective-tissue side; (8) a large amount of connective tissue exists near the round ligament, making folding of this ligament with the broad ligament advisable to add strength; (9) ventrosuspension or ventrofixation of the uterus makes useless the round ligaments. Coffey insists that the ideal operation for retrodisplacements of the uterus consists in some form of operation which shortens the anterior fold of the broad ligament, at the same time temporarily utilizes the round ligament for its accompanying connective tissue, but which uses absorbable sutures and thus makes provision for complete recovery of the position and function of the round ligaments as soon as the sutures are absorbed.

Removal of an Ovarian Dermoid Cyst Complicating Pregnancy and without Disturbing the Pregnancy.—STROTHER (*Virginia Med. Semi-Monthly*, 1908, xiii, 259) relates a case of dermoid cyst of the ovary complicating pregnancy of three months. The tumor was removed by abdominal section and the pregnancy was not interrupted.

Early Sitting Up and Rising after Laparotomy.—An editorial (*Lancet*, 1908, i, 1225) comments on the contrast between the old plan of keeping laparotomy patients in bed four weeks after operation, and the new one of allowing such patients to sit up in one day. Ries, of Chicago, was the pioneer of the latter plan, he having employed it for six years, and Boldt for a shorter period of time. Boldt has brought the matter to the profession by his writings. In England, Chandler has employed it in 200 cases. He applies a single broad band of zinc oxide plaster, reaching from the umbilicus to the pubes, after closing the abdomen. After recovery from the effects of the anesthetic the patients were kept, by means of a bed-rest, in a sitting posture for twelve hours and then allowed to change to lying and sitting positions as they wish. On the third or fourth day they sit in a chair and all walk on the fifth day after operation, leaving the hospital well and strong from the tenth to the fourteenth day.

The Causes of Inversion of the Uterus.—ATTBILL (*Brit. Med. Jour.*, 1908, i, 1224) believes most cases of inversion of the uterus do not occur in the puerperium as generally believed. He reports cases due to the presence of sessile tumors attached to the fundus and efforts at expulsion from the uterus pulled down and inverted the fundus uteri. He also believes that in puerperal cases inversion is due to attachment of the placenta to the fundus uteri.